

## Testimony in SUPPORT of HB 5430: “An Act Concerning Opioids”

Dear Members of the Public Health Committee of Connecticut General Assembly:

My name is Darve Robinson, and I am a resident of New Haven County. I am a medical doctor practicing at Yale New Haven Hospital.

I stand in support of *H.B. 5430: An Act Concerning Opioids* and offer additional suggestions to improve the bill. I thank members of the committee for introducing this bill and strongly support several important provisions in this bill that will save lives in CT, including the legalization of fentanyl test strips, enabling mobile methadone distribution, and eliminating unnecessary requirements for certifying pharmacists who dispense naloxone pursuant to a standing order.

In addition, I want to suggest two additional proposals that I believe need to be included in the bill and highlight the importance of a specific provision that is already included in the bill.

### **1. Inclusion of methadone in the prescription drug monitoring program (PDMP):**

- a. This is a patient safety issue
- b. Methadone prescriptions need to show up on the PDMP so that I know whether my patient is receiving methadone from another provider. Without knowing this, I may inadvertently prescribe another medication that could interact with methadone and cause harm to the patient.
- c. For example, if I prescribe Suboxone to a patient who is receiving methadone, the patient may experience significant withdrawal symptoms.
- a. I acknowledge that passing this bill may create additional administrative work for methadone providers and state agencies; however, this is a critical patient safety issue that we must not overlook.

### **3. Data sharing between state agencies:**

- a. Ability to respond to the overdose crisis in CT is hindered by incomplete data.
- b. Triangulation of data between different state agencies is crucial – individual data on non-fatal overdoses (DPH), treatment (DMHAS, DCP), and overdose deaths (OCME, DPH) needs to be linked for better coordination between agencies.

### **4. Improving opioid-related interagency coordination:**

- a. Connecticut's current response to the opioid epidemic is limited by a lack of interagency coordination at the executive level.
- b. A committee, interagency working group, or executive-level position should be created that can oversee and coordinate the state's evidence-based response to the opioid epidemic.
- c. This interagency group could be modeled after the Juvenile Justice Policy and Oversight Committee, which was created by CT in 2015 and has been effective at providing oversight and coordination to the juvenile justice system.
- d.

I support H.B 5430 and I ask the committee to support and pass this legislation.

Thanks so much,  
Darve Robinson, MD